

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014523

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 73

FILED APR 15 1963

J. PLACE OF DEATH

a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN Marshall

Length of stay in 1b
33 yrs.

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR Marshall State School & Hospital

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
2846 Olive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Olive Middle Maxine Last Gooding

4. DATE OF DEATH
Month April Day 9 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-6-1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Patient

10b. KIND OF BUSINESS OR INDUSTRY

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph C. Gooding

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Records of Marshall State School and Hosp., Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH
21 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mongolism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 3:45 a.m. 3:45 p.m.
Month, Day, Year 3-6-63

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-6-63 to 4-9-1963 and last saw her alive on 4-8-1963.
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.B. Day M.D. (Degree or title)

22b. ADDRESS Marshall State School and Hosp., Marshall, Mo.

22c. DATE SIGNED 4-9-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 4-II-1963

23c. NAME OF CEMETERY OR CREMATORY Marshall State School & Hosp. Marshall Mo.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

Campbell-Lewis Marshall, Mo.

25. DATE RECD. BY LOCAL REG. 4-10-63

26. REGISTRAR'S SIGNATURE

Cecil A. Read

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0970

2 3408

3

4 1

5 0

6

7 0

8 2

9 491X

10

11

12 93-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. A. E. F.

If this body is not embalmed, fact should be so stated above.